

SUBPART MED - SPECIFIC REQUIREMENTS RELATING TO AERO-MEDICAL CERTIFICATION

SECTION I - GENERAL

AMC1 ARA.MED.120 Medical assessors

EXPERIENCE AND KNOWLEDGE

Medical assessors should:

- (a) have considerable experience of aero-medical practice and have undertaken a minimum of 200 class 1 medical examinations or equivalent; and
- (b) maintain their medical professional competence in aviation medicine. The following should count towards maintaining medical professional competence:
 - (1) undertaking regular refresher training;
 - (2) participating in international aviation medicine conferences;
 - (3) undertaking research activities, including publication of results of the research.

AMC2 ARA.MED.120 Medical assessors

TASKS

Medical assessors should:

- (a) provide lectures in basic, advanced and refresher training courses for aero-medical examiners (AMEs) and aero-medical centres (AeMCs);
- (b) carry out supervision and audits of AeMCs, AMEs and AME training facilities; and
- (c) perform the aero-medical assessment of applicants for, or holders of, medical certificates after referral to the licensing authority.

AMC1 ARA.MED.125 Referral to the licensing authority

REFERRAL TO THE LICENSING AUTHORITY

- (a) The licensing authority should supply the AeMC or AME with all necessary information that led to the decision on aero-medical fitness.
- (b) The licensing authority should ensure that unusual or borderline cases are evaluated on a common basis.

AMC1 ARA.MED.135(a) Aero-medical forms

APPLICATION FORM FOR A MEDICAL CERTIFICATE

The form referred to in ARA.MED.135 (a) should reflect the information indicated in the following form and corresponding instructions for completion.

LOGO

CIVIL AVIATION ADMINISTRATION/MEMBER STATE

APPLICATION FORM FOR A MEDICAL CERTIFICATE

MEDICAL IN CONFIDENCE

Complete this page fully and in block capitals - Refer to instructions for completion.

| | | | |
|--|--|---|--|
| (1) State of licence issue: | | (2) Medical certificate applied for: class 1 <input type="checkbox"/> class 2 <input type="checkbox"/> LAPL <input type="checkbox"/> | |
| (3) Surname: | | (4) Previous surname(s): | (12) Application: Initial <input type="checkbox"/> Revalidation/Renewal <input type="checkbox"/> |
| (5) Forename(s): | | (6) Date of birth(dd/mm/yyyy): | (7) Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> |
| (8) Place and country of birth: | | (9) Nationality: | (13) Reference number: |
| (10) Permanent address: Country: Telephone No.: Mobile No.: E-mail: | | (11) Postal address (if different): Country: Telephone No.: | (14) Type of licence applied for: (15) Occupation (principal): (16) Employer: (17) Last medical examination: Date: Place: |
| (18) Licence(s) held (type): Licence number: State of issue: | | (19) Any limitations on licence(s)/medical certificate held No <input type="checkbox"/> Yes <input type="checkbox"/> Details: | |
| (20) Have you ever had a medical certificate denied, suspended or revoked by any licensing authority? No <input type="checkbox"/> Yes <input type="checkbox"/> Date: Country: Details: | | (21) Flight time total: | (22) Flight time since last medical: |
| | | (23) Aircraft class/type(s) presently flown: | |
| (24) Any aviation accident or reported incident since last medical examination? No <input type="checkbox"/> Yes <input type="checkbox"/> Date: Place: Details: | | (25) Type of flying intended: (26) Present flying activity: Single pilot <input type="checkbox"/> Multi pilot <input type="checkbox"/> | |
| (27) Do you drink alcohol? <input type="checkbox"/> No <input type="checkbox"/> Yes, amount | | (28) Do you currently use any medication? No <input type="checkbox"/> Yes <input type="checkbox"/> State medication, dose, date started and why: | |
| (29) Do you smoke tobacco? <input type="checkbox"/> No, never <input type="checkbox"/> No, date stopped: <input type="checkbox"/> Yes, state type and amount: | | | |

General and medical history: Do you have, or have you ever had, any of the following? (Please tick). If yes, give details in remarks section (30).

| Yes | | No | | Yes | | No | | Yes | | No | | Family history of: | | Yes | | No | |
|-----|--|----|--|-----|--|----|--|-----|--|----|--|----------------------|--|-----|--|----|--|
| 101 | | | | 112 | | | | 123 | | | | 170 | | | | | |
| 102 | | | | 113 | | | | 124 | | | | 171 | | | | | |
| | | | | 114 | | | | 125 | | | | 172 | | | | | |
| 103 | | | | 115 | | | | 126 | | | | 173 | | | | | |
| | | | | 116 | | | | 127 | | | | 174 | | | | | |
| 104 | | | | 117 | | | | 128 | | | | 175 | | | | | |
| 105 | | | | 118 | | | | 129 | | | | 176 | | | | | |
| 106 | | | | 119 | | | | 130 | | | | 177 | | | | | |
| 107 | | | | 120 | | | | 131 | | | | 178 | | | | | |
| 108 | | | | 121 | | | | 132 | | | | 179 | | | | | |
| 109 | | | | 122 | | | | 133 | | | | Females only: | | | | | |
| 110 | | | | 123 | | | | 134 | | | | 150 | | | | | |
| 111 | | | | 124 | | | | 151 | | | | 151 | | | | | |

(30) **Remarks:** If previously reported and no change since, so state.

(31) **Declaration:** I hereby declare that I have carefully considered the statements made above and to the best of my belief they are complete and correct and that I have not withheld any relevant information or made any misleading statements. I understand that, if I have made any false or misleading statements in connection with this application, or fail to release the supporting medical information, the licensing authority may refuse to grant me a medical certificate or may withdraw any medical certificate granted, without prejudice to any other action applicable under national law.

CONSENT TO RELEASE OF MEDICAL INFORMATION: I hereby authorise the release of all information contained in this report and any or all attachments to the AME and, where necessary, to the medical assessor of the licensing authority, recognising that these documents or electronically stored data are to be used for completion of a medical assessment and will become and remain the property of the licensing authority, providing that I or my physician may have access to them according to national law. Medical confidentiality will be respected at all times.

Date

Signature of applicant

Signature of AME/(GMP)/(medical assessor)

INSTRUCTIONS FOR COMPLETION OF THE APPLICATION FORM FOR A MEDICAL CERTIFICATE

This application form and all attached report forms will be transmitted to the licensing authority. Medical confidentiality shall be respected at all times.

The applicant should personally complete, in full, all questions (sections) on the application form. Writing should be legible and in block capitals, using a ball-point pen. Completion of this form by typing/printing is also acceptable. If more space is required to answer any questions, a plain sheet of paper should be used, bearing the applicant's name and signature, and the date of signing. The following numbered instructions apply to the numbered headings on the application form for a medical certificate.

Failure to complete the application form in full, or to write legibly, may result in non-acceptance of the application form. The making of false or misleading statements or the withholding of relevant information in respect of this application may result in criminal prosecution, denial of this application and/or withdrawal of any medical certificate(s) granted.

| | |
|--|--|
| 1. LICENSING AUTHORITY: State name of country this application is to be forwarded to. | 17. LAST APPLICATION FOR A MEDICAL CERTIFICATE: State date (day, month, year) and place (town, country) Initial applicants state 'NONE'. |
| 2. MEDICAL CERTIFICATE APPLIED FOR: Tick appropriate box. Class 1: Professional Pilot Class 2: Private Pilot LAPL | 18. LICENCE(S) HELD (TYPE): State type of licence(s) held. Enter licence number and State of issue. If no licences are held, state 'NONE'. |
| 3. SURNAME: State surname/family name. | 19. ANY LIMITATIONS ON THE LICENCE(S)/MEDICAL CERTIFICATE: Tick appropriate box and give details of any limitations on your licence(s)/medical certificate, e.g. vision, colour vision, safety pilot, etc. |
| 4. PREVIOUS SURNAME(S): If your surname or family name has changed for any reason, state previous name(s). | 20. MEDICAL CERTIFICATE DENIAL, SUSPENSION OR REVOCATION: Tick 'YES' box if you have ever had a medical certificate denied, suspended or revoked, even if only temporary. If 'YES', state date (dd/mm/yyyy) and country where it occurred. |
| 5. FORENAME(S): State first and middle names (maximum three). | 21. FLIGHT TIME TOTAL: State total number of hours flown. |
| 6. DATE OF BIRTH: Specify in order dd/mm/yyyy. | 22. FLIGHT TIME SINCE LAST MEDICAL: State number of hours flown since your last medical examination. |
| 7. SEX: Tick appropriate box. | 23. AIRCRAFT CLASS/TYPE(S) PRESENTLY FLOWN: State name of principal aircraft flown, e.g. Boeing 737, Cessna 150, etc. |
| 8. PLACE AND COUNTRY OF BIRTH: State town and country of birth. | 24. ANY AVIATION ACCIDENT OR REPORTED INCIDENT SINCE LAST MEDICAL EXAMINATION: If 'YES' box ticked, state date (dd/mm/yyyy) and country of accident/incident. |
| 9. NATIONALITY: State name of country of citizenship. | 25. TYPE OF FLYING INTENDED: State whether airline, charter, single-pilot, commercial air transport, carrying passengers, agriculture, pleasure, etc. |
| 10. PERMANENT ADDRESS: State permanent postal address and country. Enter telephone area code as well as telephone number. | 26. PRESENT FLYING ACTIVITY: Tick appropriate box to indicate whether you fly as the SOLE pilot or not. |
| 11. POSTAL ADDRESS (IF DIFFERENT): If different from permanent address, state full current postal address including telephone number and area code. If the same, enter 'SAME'. | 27. DO YOU DRINK ALCOHOL? Tick applicable box. If yes, state weekly alcohol consumption e.g. 2 litres beer. |
| 12. APPLICATION: Tick appropriate box. | 28. DO YOU CURRENTLY USE ANY MEDICATION?: If 'YES', give full details - name, how much you take and when, etc. Include any non-prescription medication. |
| 13. REFERENCE NUMBER: State reference number allocated to you by the licensing authority Initial applicants enter 'NONE'. | 29. DO YOU SMOKE TOBACCO? Tick applicable box. Current smokers state type (cigarettes, cigars, pipe) and amount (e.g. 2 cigars daily; pipe – 1 oz. weekly) |
| 14. TYPE OF LICENCE APPLIED FOR: State type of licence applied for from the following list: Aeroplane Transport Pilot Licence Multi-Pilot Licence Commercial Pilot Licence/Instrument Rating Commercial Pilot Licence Private Pilot Licence/Instrument Rating Private Pilot Licence Sailplane Pilot Licence Balloon Pilot Licence Light Aircraft Pilot Licence And whether Fixed Wing / Rotary Wing / Both Other – Please specify | GENERAL AND MEDICAL HISTORY All items under this heading from number 101 to 179 inclusive should have the answer 'YES' or 'NO' ticked. You should tick 'YES' if you have ever had the condition in your life and describe the condition and approximate date in the (30) remarks section. All questions asked are medically important even though this may not be readily apparent. Items numbered 170 to 179 relate to immediate family history, whereas items numbered 150 to 151 should be answered by female applicants only. If information has been reported on a previous application form for a medical certificate and there has been no change in your condition, you may state 'Previously reported; no change since'. However, you should still tick 'YES' to the condition. Do not report occasional common illnesses such as colds. |
| 15. OCCUPATION (PRINCIPAL): Indicate your principal employment. | 31. DECLARATION AND CONSENT TO OBTAINING AND RELEASING INFORMATION: Do not sign or date these declarations until indicated to do so by the AME/GMP who will act as witness and sign accordingly. |
| 16. EMPLOYER: If principal occupation is pilot, then state employer's name or if self-employed, state 'self'. | |

AMC1 ARA.MED.135(b);(c) Aero-medical forms

MEDICAL EXAMINATION REPORT FORMS

The forms referred to in ARA.MED.135 (b) and (c) should reflect the information indicated in the following forms and corresponding instructions for completion.

MEDICAL EXAMINATION REPORT FORM FOR CLASS 1 & CLASS 2 APPLICANTS

MEDICAL IN CONFIDENCE

| | | | | | | | |
|---|-------------------|-------------------|--|-------------------|--|--|----------|
| (201) Examination category Initial <input type="checkbox"/> Revalidation <input type="checkbox"/> Renewal <input type="checkbox"/> Special referral <input type="checkbox"/> | (202) Height (cm) | (203) Weight (kg) | (204) Colour eye | (205) Colour hair | (206) Blood pressure-seated (mmHg) Systolic Diastolic | (207) Pulse - resting Rate (bpm) Rhythm: regular <input type="checkbox"/> irregular <input type="checkbox"/> | |
| Clinical exam: Check each item | | | | Normal | Abnormal | Normal | Abnormal |
| (208) Head, face, neck, scalp | | | (218) Abdomen, hernia, liver, spleen | | | | |
| (209) Mouth, throat, teeth | | | (219) Anus, rectum | | | | |
| (210) Nose, sinuses | | | (220) Genito-urinary system | | | | |
| (211) Ears, drums, eardrum motility | | | (221) Endocrine system | | | | |
| (212) Eyes - orbit & adnexa; visual fields | | | (222) Upper & lower limbs, joints | | | | |
| (213) Eyes - pupils and optic fundi | | | (223) Spine, other musculoskeletal | | | | |
| (214) Eyes - ocular motility; nystagmus | | | (224) Neurologic - reflexes, etc. | | | | |
| (215) Lungs, chest, breasts | | | (225) Psychiatric | | | | |
| (216) Heart | | | (226) Skin, identifying marks and lymphatics | | | | |
| (217) Vascular system | | | (227) General systemic | | | | |
| (228) Notes: Describe every abnormal finding. Enter applicable item number before each comment. | | | | | | | |

Visual acuity

(229) Distant vision at 5m/6m

| | | | | |
|-----------|-------------|----------|------------|----------------|
| | Uncorrected | | Spectacles | Contact lenses |
| Right eye | | Corr. to | | |
| Left eye | | Corr. to | | |
| Both eyes | | Corr. to | | |

(230) Intermediate vision N14 at 100 cm

| | | | | |
|-----------|-------------|----|-----------|----|
| | Uncorrected | | Corrected | |
| | Yes | No | Yes | No |
| Right eye | | | | |
| Left eye | | | | |
| Both eyes | | | | |

(231) Near vision N5 at 30-50 cm

| | | | | |
|-----------|-------------|----|-----------|----|
| | Uncorrected | | Corrected | |
| | Yes | No | Yes | No |
| Right eye | | | | |
| Left eye | | | | |
| Both eyes | | | | |

(232) Spectacles (233) Contact lenses

Yes No Yes No

Type: _____ Type: _____

| | | | | |
|-------------------|-----|-----|------|-----|
| Refraction | Sph | Cyl | Axis | Add |
| Right eye | | | | |
| Left eye | | | | |

(234) **Colour perception** Normal Abnormal

Pseudo-isochromatic plates Type: Ishihara (24 plates)

No of plates: _____ No of errors: _____

(234) **Hearing** (when 239/241 not performed)

| | | |
|---|---|---|
| | Right ear | Left ear |
| Conversational voice test (2m) with back turned to examiner | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Audiometry

| | | | | |
|-------|-----|------|------|------|
| Hz | 500 | 1000 | 2000 | 3000 |
| Right | | | | |
| Left | | | | |

(249) AME declaration:

I hereby certify that I/my AME group have personally examined the applicant named on this medical examination report and that this report with any attachment embodies my findings completely and correctly.

| | | |
|-----------------------|---|----------------------|
| (250) Place and date: | AME name and address: | AME certificate No.: |
| AME signature: | E-mail: Telephone No.: Telefax No.: | |

(236) Pulmonary function

| | |
|---|---|
| FEV ₁ /FVC _____ % | (237) Haemoglobin |
| Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> | _____ (unit) |
| | Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> |

(235) Urinalysis Normal Abnormal

| | | | |
|---------|---------|-------|-------|
| Glucose | Protein | Blood | Other |
| | | | |

Accompanying reports

| | | | |
|--------------------------|---------------|--------|------------------|
| | Not performed | Normal | Abnormal/Comment |
| (238) ECG | | | |
| (239) Audiogram | | | |
| (240) Ophthalmology | | | |
| (241) ORL (ENT) | | | |
| (242) Blood lipids | | | |
| (243) Pulmonary function | | | |
| (244) Other (what?) | | | |

(247) AME recommendation:

| | | |
|---|----------------------|-------------------------|
| Name of applicant: _____ | Date of birth: _____ | Reference number: _____ |
| <input type="checkbox"/> Fit for class: _____ <input type="checkbox"/> Medical certificate issued by undersigned (copy attached) for class: _____ <input type="checkbox"/> Unfit for class: _____ <input type="checkbox"/> Deferred for further evaluation. If yes, why and to whom? | | |
| (248) Comments, limitations | | |
| | | |

Shaded areas do not require completion

MEDICAL EXAMINATION REPORT FORM FOR LAPL APPLICANTS

MEDICAL IN CONFIDENCE

| | | | | | | | |
|---|-------------------|-------------------|------------------|-------------------|--|--|----------|
| (201) Examination category Initial <input type="checkbox"/> Revalidation <input type="checkbox"/> Renewal <input type="checkbox"/> Special referral <input type="checkbox"/> | (202) Height (cm) | (203) Weight (kg) | (204) Colour eye | (205) Colour hair | (206) Blood pressure-seated (mmHg) Systolic Diastolic | (207) Pulse - resting Rate (bpm) Rhythm: regular <input type="checkbox"/> irregular <input type="checkbox"/> | |
| Clinical exam: Check each item | | | Normal | Abnormal | | Normal | Abnormal |
| (208) Head, face, neck, scalp | | | | | (218) Abdomen, hernia, liver, spleen | | |
| (209) Mouth, throat, teeth | | | | | (219) Anus, rectum | | |
| (210) Nose, sinuses | | | | | (220) Genito-urinary system | | |
| (211) Ears, drums, eardrum motility | | | | | (221) Endocrine system | | |
| (212) Eyes - orbit & adnexa; visual fields | | | | | (222) Upper & lower limbs, joints | | |
| (213) Eyes - pupils and optic fundi | | | | | (223) Spine, other musculoskeletal | | |
| (214) Eyes - ocular motility; nystagmus | | | | | (224) Neurologic - reflexes, etc. | | |
| (215) Lungs, chest, breasts | | | | | (225) Psychiatric | | |
| (216) Heart | | | | | (226) Skin, identifying marks and lymphatics | | |
| (217) Vascular system | | | | | (227) General systemic | | |
| (228) Notes: Describe every abnormal finding. Enter applicable item number before each comment. | | | | | | | |

Visual acuity

(229) Distant vision at 5m /6m

| | | | | |
|-----------|-------------|----------|------------|----------------|
| | Uncorrected | | Spectacles | Contact lenses |
| Right eye | | Corr. to | | |
| Left eye | | Corr. to | | |
| Both eyes | | Corr. to | | |

| | | | | |
|--|-------------|----|-----------|----|
| (230) Intermediate vision N14 at 100 cm | Uncorrected | | Corrected | |
| | Yes | No | Yes | No |
| Right eye | | | | |
| Left eye | | | | |
| Both eyes | | | | |

| | | | | |
|-------------------------------------|-------------|----|-----------|----|
| (231) Near vision N5 at 30-50 cm | Uncorrected | | Corrected | |
| | Yes | No | Yes | No |
| Right eye | | | | |
| Left eye | | | | |
| Both eyes | | | | |

| | | | | |
|------------------------------|-----------------------------|------------------------------|-----------------------------|-----------------------------|
| (232) Spectacles | | (233) Contact lenses | | |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> |
| Type: | | Type: | | |
| Refraction | Sph | Cyl | Axis | Add |
| Right eye | | | | |
| Left eye | | | | |

| | | |
|----------------------------|---------------------------------|-----------------------------------|
| (313) Colour perception | Normal <input type="checkbox"/> | Abnormal <input type="checkbox"/> |
| Pseudo-isochromatic plates | Type: Ishihara (24 plates) | |
| No of plates: | No of errors: | |

| | | | | |
|--|---|---|------|------|
| (234) Hearing (when 239/241 not performed) | Right ear | Left ear | | |
| Conversational voice test (2m) with back turned to examiner | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Audiometry | | | | |
| Hz | 500 | 1000 | 2000 | 3000 |
| Right | | | | |
| Left | | | | |

(249) AME/GMP declaration:

I hereby certify that I have personally examined the applicant named on this medical examination report and that this report with any attachment embodies my findings completely and correctly.

| | | |
|-----------------------|---|---|
| (250) Place and date: | AME/GMP name and address: | AME certificate No./GMP identification No.: |
| AME/GMP signature: | E-mail: Telephone No.: Telefax No.: | |

(236) Pulmonary function**(237) Haemoglobin**

| | |
|---|---|
| FEV ₁ /FVC _____ % | _____ (unit) |
| Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> | Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> |

(235) Urinalysis Normal Abnormal

| | | | |
|---------|---------|-------|-------|
| Glucose | Protein | Blood | Other |
|---------|---------|-------|-------|

Accompanying reports

| | | | |
|--------------------------|---------------|--------|------------------|
| | Not performed | Normal | Abnormal/Comment |
| (238) ECG | | | |
| (239) Audiogram | | | |
| (240) Ophthalmology | | | |
| (241) ORL (ENT) | | | |
| (242) Blood lipids | | | |
| (243) Pulmonary function | | | |
| (244) Other (what?) | | | |

(247) AME/GMP recommendation:

| | | |
|---|----------------|-------------------|
| Name of applicant: | Date of birth: | Reference number: |
| _____ | _____ | _____ |
| <input type="checkbox"/> Fit for medical certificate for LAPL <input type="checkbox"/> Medical certificate issued by undersigned (copy attached) for LAPL <input type="checkbox"/> Unfit for class: _____ <input type="checkbox"/> Deferred for further evaluation. If yes, why and to whom? | | |
| (248) Comments, limitations | | |

INSTRUCTIONS FOR COMPLETION OF THE MEDICAL EXAMINATION REPORT FORMS

The AME performing the examination should verify the identity of the applicant.

All questions (sections) on the medical examination report form should be completed in full. If an otorhinolaryngology examination report form is attached, then questions 209, 210, 211, and 234 may be omitted. If an ophthalmology examination report form is attached, then questions 212, 213, 214, 229, 230, 231, 232, and 233 may be omitted.

Writing should be legible and in block capitals using a ball-point pen. Completion of this form by typing/printing is also acceptable. If more space is required to answer any question, a plain sheet of paper should be used, bearing the applicant's name, the AME's name and signature, and the date of signing. The following numbered instructions apply to the numbered headings on the medical examination report form.

Failure to complete the medical examination report form in full, as required, or to write legibly, may result in non-acceptance of the application in total and may lead to withdrawal of any medical certificate issued. The making of false or misleading statements or the withholding of relevant information by an AME may result in criminal prosecution, denial of an application or withdrawal of any medical certificate(s) granted.

Shaded areas do not require completion for the medical examination report form for the LAPL.

201 EXAMINATION CATEGORY – Tick appropriate box.

Initial – Initial examination for either LAPL, class 1 or 2; also initial examination for upgrading from LAPL to class 2, or class 2 to 1 (notate 'upgrading' in box 248).

Renewal/Revalidation – Subsequent ROUTINE examinations.

Extended Renewal/Revalidation – Subsequent ROUTINE examinations, which include comprehensive ophthalmological and otorhinolaryngology examinations.

202 HEIGHT – Measure height, without shoes, in centimetres to nearest cm.

203 WEIGHT – Measure weight, in indoor clothes, in kilograms to nearest kg.

204 COLOUR EYE – State colour of applicant's eyes from the following list: brown, blue, green, hazel, grey, multi.

205 COLOUR HAIR – State colour of applicant's hair from the following list: brown, black, red, fair, bald.

206 BLOOD PRESSURE – Blood pressure readings should be recorded as Phase 1 for Systolic pressure and Phase 5 for Diastolic pressure. The applicant should be seated and rested. Recordings in mm Hg.

207 PULSE (RESTING) – The pulse rate should be recorded in beats per minute and the rhythm should be recorded as regular or irregular. Further comments if necessary may be written in section 228, 248 or separately.

208 to 227 inclusive constitute the general clinical examination, and each of the boxes should be marked (with a tick) as normal or abnormal.

208 HEAD, FACE, NECK, SCALP – To include appearance, range of neck and facial movements, symmetry, etc.

209 MOUTH, THROAT, TEETH – To include appearance of buccal cavity, palate motility, tonsillar area, pharynx and also gums, teeth and tongue.

210 NOSE, SINUSES – To include appearance and any evidence of nasal obstruction or sinus tenderness on palpation.

211 EARS, DRUMS, EARDRUM MOTILITY – To include otoscopy of external ear, canal, tympanic membrane. Eardrum motility by valsalva manoeuvre or by pneumatic otoscopy.

212 EYES – ORBIT AND ADNEXA; VISUAL FIELDS – To include appearance, position and movement of eyes and their surrounding structures in general, including eyelids and conjunctiva. Visual fields check by campimetry, perimetry or confrontation.

213 EYES – PUPILS AND OPTIC FUNDI – To include appearance, size, reflexes, red reflex and funduscopy. Special note of corneal scars.

214 EYES – OCULAR MOTILITY, NYSTAGMUS – To include range of movement of eyes in all directions; symmetry of movement of both eyes; ocular muscle balance; convergence; accommodation; signs of nystagmus.

215 LUNGS, CHEST, BREASTS – To include inspection of chest for deformities, operation scars, abnormality of respiratory movement, auscultation of breath sounds. Physical examination of female applicant's breasts should only be performed with informed consent.

216 HEART – To include apical heartbeat, position, auscultation for murmurs, carotid bruits, palpation for thrills.

217 VASCULAR SYSTEM – To include examination for varicose veins, character and feel of pulse, peripheral pulses, evidence of peripheral circulatory disease.

218 ABDOMEN, HERNIA, LIVER, SPLEEN – To include inspection of abdomen; palpation of internal organs; check for inguinal hernias in particular.

219 ANUS, RECTUM – Examination only with informed consent.

220 GENITO-URINARY SYSTEM – To include renal palpation; inspection palpation male/female reproductive organs only with informed consent.

221 ENDOCRINE SYSTEM – To include inspection, palpation for evidence of hormonal abnormalities/imbalance; thyroid gland.

222 UPPER AND LOWER LIMBS, JOINTS – To include full range of movements of joints and limbs, any deformities, weakness or loss. Evidence of arthritis.

223 SPINE, OTHER MUSCULOSKELETAL – To include range of movements, abnormalities of joints.

224 NEUROLOGIC – REFLEXES ETC. To include reflexes, sensation, power, vestibular system – balance, romberg test, etc.

225 PSYCHIATRIC – To include appearance, appropriate mood/thought, unusual behaviour.

226 SKIN, IDENTIFYING MARKS AND LYMPHATICS – To include inspection of skin; inspection, palpation for lymphadenopathy, etc. Briefly describe scars, tattoos, birthmarks, etc. which could be used for identification purposes.

- 227 GENERAL SYSTEMIC – All other areas, systems and nutritional status.
- 228 NOTES – Any notes, comments or abnormalities to be described – extra notes if required on separate sheet of paper, signed and dated.
- 229 DISTANT VISION AT 5/6 METRES – Each eye to be examined separately and then both together. First without correction, then with spectacles (if used) and lastly with contact lenses, if used. Record visual acuity in appropriate boxes. Visual acuity to be tested at either 5 or 6 metres with the appropriate chart for the distance.
- 230 INTERMEDIATE VISION AT 100 CM – Each eye to be examined separately and then both together. First without correction, then with spectacles if used and lastly with contact lenses if used. Record visual acuity in appropriate boxes as ability to read N14 at 100 cm (Yes/No).
- 231 NEAR VISION AT 30-50 CM. – Each eye to be examined separately and then both together. First without correction, then with spectacles if used and lastly with contact lenses, if used. Record visual acuity in appropriate boxes as ability to read N5 at 30-50 cm (Yes/No).
- Note: Bifocal contact lenses and contact lenses correcting for near vision only are not acceptable.
- 232 SPECTACLES – Tick appropriate box signifying if spectacles are or are not worn by applicant. If used, state whether unifocal, bifocal, varifocal or look-over.
- 233 CONTACT LENSES – Tick appropriate box signifying if contact lenses are or are not worn. If worn, state type from the following list; hard, soft, gas-permeable or disposable.
- 313 COLOUR PERCEPTION – Tick appropriate box signifying if colour perception is normal or not. If abnormal; state number of plates of the first 15 of the pseudo-isochromatic plates (Ishihara 24 plates) have not been read correctly.
- 234 HEARING – Tick appropriate box to indicate hearing level ability as tested separately in each ear at 2 m.
- 235 URINALYSIS – State whether result of urinalysis is normal or not by ticking appropriate box. If no abnormal constituents, state NIL in each appropriate box.
- 236 PULMONARY FUNCTION – When required or on indication, state actual FEV₁/FVC value obtained in % and state if normal or not with reference to height, age, sex and race.
- 237 HAEMOGLOBIN – Enter actual haemoglobin test result and state units used. Then state whether normal value or not, by ticking appropriate box.
- 238 to 244 inclusive: ACCOMPANYING REPORTS – One box opposite each of these sections must be ticked. If the test is not required and has not been performed, then tick the NOT PERFORMED box. If the test has been performed (whether required or on indication) complete the normal or abnormal box as appropriate. In the case of question 244, the number of other accompanying reports must be stated.
- 247 AME RECOMMENDATION – The applicant's name, date of birth and reference number, should be entered here in block capitals. The applicable class of medical certificate should be indicated by a tick in the appropriate box. If a fit assessment is recommended and a medical certificate has been issued, this should be indicated in the appropriate box. An applicant may be recommended as fit for a lower class of medical certificate (e.g. class 2), but also be deferred or recommended as unfit for a higher class of medical certificate (e.g. class 1). If an unfit recommendation is made, applicable Part-MED paragraph references should be entered. If an applicant is deferred for further evaluation, the reason and the doctor or licensing authority to whom the applicant is referred should be indicated.
- 248 COMMENTS, LIMITATIONS, ETC. – The AME's findings and assessment of any abnormality in the history or examination, should be entered here. The AME should also state any limitation required.
- 249 AME DETAILS – The AME should sign the declaration, complete his/her name and address in block capitals, contact details and lastly stamp the relevant section with his/her designated AME stamp incorporating his/her AME number. The GMP identification no. is the number provided by the national medical system.
- 250 PLACE AND DATE – The place (town or city) and the date of examination should be entered here. The date of examination is the date of the general examination and not the date of finalisation of the form. If the medical examination report is finalised on a different date, the date of finalisation should be entered in section 248 as 'Report finalised on'.

GM1 ARA.MED.135 (b);(c) Aero-medical forms

OPHTHALMOLOGY AND OTORHINOLARYNGOLOGY EXAMINATION REPORT FORMS

The ophthalmology and otorhinolaryngology examination report forms may be used as indicated in the following forms and corresponding instructions for completion.

OPHTHALMOLOGY EXAMINATION REPORT FORM

Complete this page fully and in block capitals – Refer to instructions for completion.

MEDICAL IN CONFIDENCE

Applicant's details

| | | |
|--|--|---|
| (1) State applied to: | (2) Medical certificate applied for: class 1 <input type="checkbox"/> class 2 <input type="checkbox"/> | |
| (3) Surname: | (4) Previous surname(s): | (12) Application: Initial <input type="checkbox"/> Revalidation/Renewal <input type="checkbox"/> |
| (5) Forename(s): | (6) Date of birth: | (7) Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> |
| (13) Reference number: | | |
| (301) Consent to release of medical information: I hereby authorise the release of all information contained in this report and any or all attachments to the AME and, where necessary, to the medical assessor of the licensing authority, recognising that these documents or electronically stored data, are to be used for completion of a medical assessment and will become and remain the property of the licensing authority, providing that I or my physician may have access to them according to national law. Medical confidentiality will be respected at all times. | | |
| Date | Signature of applicant | Signature of AME |

| | |
|---|---------------------------------|
| (302) Examination category: | (303) Ophthalmological history: |
| Initial <input type="checkbox"/> | |
| Revalidation <input type="checkbox"/> | |
| Renewal <input type="checkbox"/> | |
| Special referral <input type="checkbox"/> | |

Clinical examination

| Check each item | Normal | Abnormal |
|---|--------|----------|
| (304) Eyes, external & eyelids | | |
| (305) Eyes, Exterior (slit lamp, ophth.) | | |
| (306) Eye position and movements | | |
| (307) Visual fields (confrontation) | | |
| (308) Pupillary reflexes | | |
| (309) Fundi (Ophthalmoscopy) | | |
| (310) Convergence | cm | |
| (311) Accommodation | D | |

(312) *Ocular muscle balance* (in prisme dioptres)

| Distant at 5m/6m | Near at 30-50 cm |
|--|------------------|
| Ortho | Ortho |
| Eso | Eso |
| Exo | Exo |
| Hyper | Hyper |
| Cyclo | Cyclo |
| Tropia Yes No | Phoria Yes No |
| Fusional reserve testing Not performed | Normal Abnormal |

(313) *Colour perception*

| | |
|--|----------------------------|
| Pseudo-Isochromatic plates | Type: Ishihara (24 plates) |
| No of plates: | No of errors: |
| Advanced colour perception testing indicated | Yes No |
| Method: | |
| Colour SAFE | Colour UNSAFE |

(321) **Ophthalmological remarks and recommendation:**

| |
|--|
| |
|--|

(322) **Examiner's declaration:**

I hereby certify that I/my AME group have personally examined the applicant named on this medical examination report and that this report with any attachment embodies my findings completely and correctly.

| | | |
|-----------------------|---|-----------------------------------|
| (323) Place and date: | Ophth examiner's name and address: (block capitals) | AME or specialist stamp with No.: |
| AME signature: | E-mail: Telephone No.: Telefax No.: | |

Visual acuity

| (314) <i>Distant vision at 5m/6m</i> | | | Spectacles | Contact lenses |
|--------------------------------------|--------------|--|------------|----------------|
| Uncorrected | | | | |
| Right eye | Corrected to | | | |
| Left eye | Corrected to | | | |
| Both eyes | Corrected to | | | |

| (315) <i>Intermediate vision at 1m</i> | | | Spectacles | Contact lenses |
|--|--------------|--|------------|----------------|
| Uncorrected | | | | |
| Right eye | Corrected to | | | |
| Left eye | Corrected to | | | |
| Both eyes | Corrected to | | | |

| (316) <i>Near vision at 30-50cm</i> | | | Spectacles | Contact lenses |
|-------------------------------------|--------------|--|------------|----------------|
| Uncorrected | | | | |
| Right eye | Corrected to | | | |
| Left eye | Corrected to | | | |
| Both eyes | Corrected to | | | |

| (317) <i>Refraction</i> | Sph | Cylinder | Axis | Near (add) |
|----------------------------|-----|-------------------------------|------|------------|
| Right eye | | | | |
| Left eye | | | | |
| Actual refraction examined | | Spectacles prescription based | | |

| (318) <i>Spectacles</i> | (319) <i>Contact lenses</i> |
|--|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Type: | Type: |

| (320) <i>Intra-ocular pressure</i> | |
|------------------------------------|---|
| Right (mmHg) | Left (mmHg) |
| Method | Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> |

INSTRUCTIONS FOR COMPLETION OF THE OPHTHALMOLOGY EXAMINATION REPORT FORM

Writing should be legible and in block capitals using a ball-point pen. Completion of this form by typing or printing is also acceptable. If more space is required to answer any question, a plain sheet of paper should be used, bearing the applicant's name, the name and signature of the AME or ophthalmology specialist performing the examination and the date of signing. The following numbered instructions apply to the numbered headings on the ophthalmology examination report form.

Failure to complete the medical examination report form in full, as required, or to write legibly may result in non-acceptance of the application in total and may lead to withdrawal of any medical certificate issued. The making of false or misleading statements or the withholding of relevant information by an examiner may result in criminal prosecution, denial of an application or withdrawal of any medical certificate granted.

The AME or ophthalmology specialist performing the examination should verify the identity of the applicant. The applicant should then be requested to complete the sections 1, 2, 3, 4, 5, 6, 7, 12 and 13 on the form and then sign and date the consent to release of medical information (section 301) with the examiner countersigning as witness.

302 EXAMINATION CATEGORY – Tick appropriate box.

Initial – Initial examination for either class 1 or 2; also initial examination for upgrading from class 2 to 1 (notate 'upgrading' in section 303).

Renewal/Revalidation – Subsequent comprehensive ophthalmological examinations (due to refractive error).

Special referral – NON-ROUTINE examination for assessment of an ophthalmological symptom or finding.

303 OPHTHALMOLOGICAL HISTORY – Detail here any history of note or reasons for special referral.

304 to 309 inclusive: CLINICAL EXAMINATION – These sections together cover the general clinical examination and each of the sections should be marked (with a tick) as normal or abnormal. Any abnormal findings or comments on findings should be entered in section 321.

310 CONVERGENCE – Enter near point of convergence in cm, as measured using RAF near point rule or equivalent. Tick whether normal or abnormal. Any abnormal findings or comments on findings should be entered in section 321.

311 ACCOMMODATION – Enter measurement recorded in dioptres using RAF near point rule or equivalent. Tick whether normal or abnormal. Any abnormal findings or comments on findings should be entered in section 321.

312 OCULAR MUSCLE BALANCE – Ocular muscle balance is tested at distant 5 or 6 m and near at 30-50 cm and results recorded. Presence of tropia or phoria must be entered accordingly and also whether fusional reserve testing was NOT performed and if performed whether normal or not.

313 COLOUR PERCEPTION – Enter type of pseudo-isochromatic plates (ishihara) as well as number of plates presented with number of errors made by examinee. State whether advanced colour perception testing is indicated and what methods used (which colour lantern or anomaloscopy) and finally whether judged to be colour safe or unsafe. Advanced colour perception testing is usually only required for initial assessment, unless indicated by change in applicant's colour perception.

314–316 VISUAL ACUITY TESTING AT 5 m/6 m, 1 m and 30-50 cm – Record actual visual acuity obtained in appropriate boxes. If correction not worn nor required, put line through corrected vision boxes. Distant visual acuity to be tested at either 5 m or 6 m with the appropriate chart for that distance.

317 REFRACTION – Record results of refraction. Indicate also whether for class 2 applicants, refraction details are based upon spectacle prescription.

318 SPECTACLES – Tick appropriate box signifying if spectacles are or are not worn by applicant. If used, state whether unifocal, bifocal, varifocal or look-over.

319 CONTACT LENSES – Tick appropriate box signifying if contact lenses are or are not worn. If worn, state type from the following list; hard, soft, gas-permeable, disposable.

320 INTRA-OCULAR PRESSURE – Enter intra-ocular pressure recorded for right and left eyes and indicate whether normal or not. Also indicate method used – applanation, air etc.

321 OPHTHALMOLOGICAL REMARKS AND RECOMMENDATION – Enter here all remarks, abnormal findings and assessment results. Also enter any limitations recommended. If there is any doubt about findings or recommendations, the examiner may contact the AMS for advice before finalising the report form.

322 OPHTHALMOLOGY EXAMINER'S DETAILS – The ophthalmology examiner must sign the declaration, complete his/her name and address in block capitals, contact details and lastly stamp the report with his/her designated stamp incorporating his/her AME or specialist number.

323 PLACE AND DATE – Enter the place (town or city) and the date of examination. The date of examination is the date of the clinical examination and not the date of finalisation of form. If the ophthalmology examination report is finalised on a different date, enter date of finalisation on section 321 as 'Report finalised on?'

OTORHINOLARYNGOLOGY EXAMINATION REPORT FORM

Complete this page fully and in block capitals – Refer to instructions for completion.

MEDICAL IN CONFIDENCE

Applicant's details

| | | | |
|---|--------------------------------------|--|---|
| (1) State applied to: | (2) Medical certificate applied for: | class 1 <input type="checkbox"/> | class 2 <input type="checkbox"/> |
| (3) Surname: | (4) Previous surname(s): | (12) Application: | Initial <input type="checkbox"/> Revalidation/Renewal <input type="checkbox"/> |
| (5) Forename(s): | (6) Date of birth: | (7) Sex: | (13) Reference number: |
| | | Male <input type="checkbox"/> Female <input type="checkbox"/> | |
| (401) Consent to release of medical information: I hereby authorise the release of all information contained in this report and any or all attachments to the AME and, where necessary, to the medical assessor of the licensing authority, recognising that these documents, or any electronically stored data, are to be used for completion of a medical assessment and will become and remain the property of the licensing authority, providing that I or my physician may have access to them according to national law. Medical confidentiality will be respected at all times. | | | |
| ----- Date | ----- Signature of applicant | ----- Signature of AME | |

| | |
|---|---------------------------------------|
| (402) Examination category: | (403) Otorhinolaryngological history: |
| Initial <input type="checkbox"/> | |
| Special referral <input type="checkbox"/> | |

Clinical examination

| Check each item | Normal | Abnormal |
|---|--------|----------|
| (404) Head, face, neck, scalp | | |
| (405) Buccal cavity, teeth | | |
| (406) Pharynx | | |
| (407) Nasal passages and naso-pharynx (incl. anterior rhinoscopy) | | |
| (408) Vestibular system incl. Romberg test | | |
| (409) Speech | | |
| (410) Sinuses | | |
| (411) Ext acoustic meati, tympanic membranes | | |
| (412) Pneumatic otoscopy | | |
| (413) Impedance tympanometry including Valsalva manoeuvre (initial only) | | |

(419) Pure tone audiometry

| Hz | dB HL (hearing level) | |
|------|-----------------------|----------|
| | Right ear | Left ear |
| 250 | | |
| 500 | | |
| 1000 | | |
| 2000 | | |
| 3000 | | |
| 4000 | | |
| 6000 | | |
| 8000 | | |

(420) Audiogram

| dB/HL | o = Right | | x = Left | | ---- = Air | | = Bone | |
|-------|-----------|-----|----------|------|------------|------|--------------|------|
| | | | | | | | | |
| -10 | | | | | | | | |
| 0 | | | | | | | | |
| 10 | | | | | | | | |
| 20 | | | | | | | | |
| 30 | | | | | | | | |
| 40 | | | | | | | | |
| 50 | | | | | | | | |
| 60 | | | | | | | | |
| 70 | | | | | | | | |
| 80 | | | | | | | | |
| 90 | | | | | | | | |
| 100 | | | | | | | | |
| 110 | | | | | | | | |
| 120 | | | | | | | | |
| Hz | 250 | 500 | 1000 | 2000 | 3000 | 4000 | 6000 | 8000 |

| Additional testing (if indicated) | Not performed | Normal | Abnormal |
|--|---------------|--------|----------|
| (414) Speech audiometry | | | |
| (415) Posterior rhinoscopy | | | |
| (416) EOG; spontaneous and positional nystagnus | | | |
| (417) Differential caloric test or vestibular autorotation test | | | |
| (418) Mirror or fibre laryngoscopy | | | |

(421) Otorhinolaryngology remarks and recommendation:

| |
|--|
| |
|--|

(422) Examiner's declaration:

I hereby certify that I/my AME group have personally examined the applicant named on this medical examination report and that this report with any attachment embodies my findings completely and correctly.

| | | |
|-----------------------|---|----------------------------------|
| (423) Place and date: | ORL examiner's name and address: (block capitals) | AME or specialist stamp with No: |
| AME signature: | E-mail: Telephone No.: Telefax No.: | |

INSTRUCTIONS FOR COMPLETION OF THE OTORHINOLARYNGOLOGY EXAMINATION REPORT FORM

Writing should be legible and in block capitals using a ball-point pen. Completion of this form by typing or printing is also acceptable. If more space is required to answer any question, a plain sheet of paper should be used, bearing the applicant's name, the name and signature of the AME or otorhinolaryngology specialist performing the examination and the date of signing. The following numbered instructions apply to the numbered headings on the otorhinolaryngology examination report form.

Failure to complete the medical examination report form in full, as required, or to write legibly may result in non-acceptance of the application in total and may lead to withdrawal of any medical certificate issued. The making of false or misleading statements or the withholding of relevant information by an examiner may result in criminal prosecution, denial of an application or withdrawal of any medical certificate granted.

The AME or otorhinolaryngology specialist performing the examination should verify the identity of the applicant. The applicant should then be requested to complete the sections 1, 2, 3, 4, 5, 6, 7, 12 and 13 on the form and then sign and date the consent to release of medical information (section 401) with the examiner countersigning as witness.

402 EXAMINATION CATEGORY – Tick appropriate box.

Initial – Initial examination for class 1; also initial examination for upgrading from class 2 to 1 (notate upgrading' in section 403)

Special Referral – NON-ROUTINE examination for assessment of an ORL symptom or finding

403 OTORHINOLARYNGOLOGICAL HISTORY – Detail here any history of note or reasons for special referral.

404-413 inclusive: CLINICAL EXAMINATION – These sections together cover the general clinical examination and each of the sections should be marked (with a tick) as normal or abnormal. Any abnormal findings or comments on findings should be entered in section 421.

414-418 inclusive: ADDITIONAL TESTING – These tests are only required to be performed if indicated by history or clinical findings and are not routinely required. For each test one of the boxes must be completed – if the test is not performed then tick that box – if the test has been performed then tick the appropriate box for a normal or abnormal result. All remarks and abnormal findings should be entered in section 421.

419 PURE TONE AUDIOMETRY – Complete figures for dB HL (hearing level) in each ear at all listed frequencies.

420 AUDIOGRAM – Complete audiogram from figures as listed in section 419.

421 OTORHINOLARYNGOLOGY REMARKS AND RECOMMENDATION – Enter here all remarks, abnormal findings and assessment results. Also enter any limitations recommended. If there is any doubt about findings or recommendations the examiner may contact the AMS for advice before finalising the report form.

422 OTORHINOLARYNGOLOGY EXAMINER'S DETAILS – The otorhinolaryngology examiner must sign the declaration, complete his/her name and address in block capitals, contact details and lastly stamp the report with his/her designated stamp incorporating his/her AME or specialist number.

423 PLACE AND DATE – Enter the place (town or city) and the date of examination. The date of examination is the date of the clinical examination and not the date of finalisation of form. If the ORL examination report is finalised on a different date, enter date of finalisation in section 421 as 'Report finalised on'.

AMC1 ARA.MED.150 Record-keeping

RELEASE OF AERO-MEDICAL RECORDS

In accordance with Directive 95/46/EC as implemented under national law, aero-medical records may also be released:

- (a) upon written request of the applicant, to management of the competent authority, for review in response to a complaint;
- (b) to research institutes for the purpose of scientific research, with assurance of de-identification prior to publication;
- (c) to any investigation body (accident, security, police), when required under national law; and
- (d) for any other circumstances, as required under national law.

SECTION II – AERO-MEDICAL EXAMINERS (AMEs)

AMC1 ARA.MED.200 Procedure for the issue, revalidation, renewal or change of an AME certificate

INSPECTION OF THE AME PRACTICE

Before issuing the AME certificate, the competent authority should conduct an inspection of the AME practice to verify compliance with ARA.MED.200 (a).

SECTION III – MEDICAL CERTIFICATION

AMC1 ARA.MED.315(a) Review of examination reports

GENERAL

- (a) The process to review examination and assessment reports received from AeMCs, AMEs and GMPs should aim to check all reports received.
- (b) The licensing authority should take account of the proportion of inconsistencies or errors found in the assessment process and adapt the sample size accordingly and to review all reports if necessary.